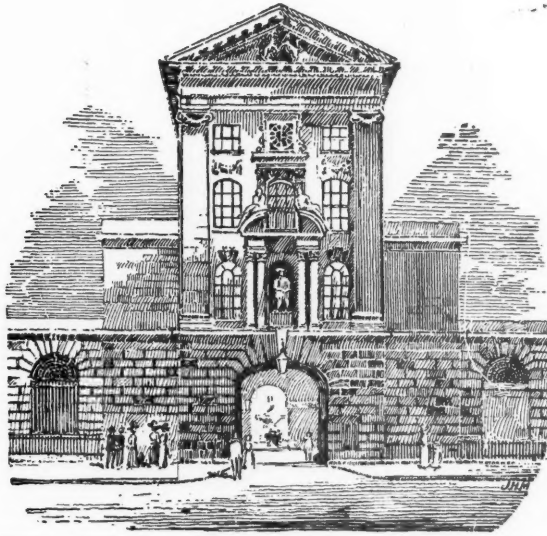


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ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXII.—No. 7.

APRIL, 1925.

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"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXII.—No. 7.]

APRIL 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

Fri.,	April	3.—Sir Thomas Horder and Mr. Rawling on duty.
Tues.,	"	7.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri.,	"	10.—Prof. Fraser and Prof. Gask on duty.
Tues.,	"	14.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	"	17.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Mon.,	"	20.— Summer Session Commences.
Tues.,	"	21.—Sir Thomas Horder and Mr. Rawling on duty.
Last day for receiving matter for May issue of Journal.		
Fri.,	"	24.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues.,	"	28.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

SEVERAL Bart.'s men who had been associated with Mr. Cross as anæsthetists wished, on his retirement, to give him some tangible mark of their respect for his character and ability. Some members of the Surgical Staff expressed a desire to associate themselves with this suggestion, and under the direction of Dr. Hadfield a subscription list was opened, a gift was chosen, and has now been received by Mr. Cross, who has written the following letter:

MY DEAR HADFIELD,—It is with feelings of great pleasure that I write to you acknowledging the receipt to-day of the very handsome present of Waterford glass, conveying as it does the mark of regard felt by the many subscribers with whom I have been associated for the last twenty-five years.

During this long period my relationship with them has been of the happiest.

May I ask you to add to your kindness in the matter by conveying to them my deepest gratitude and most kindly remembrances.

Yours very sincerely,

W. FOSTER CROSS.

* * *

We offer our heartiest congratulations to the Association Football Club who have won the Inter-Hospital Cup for the second year in succession. They beat St. Thomas's Hospital by one goal to *nil* in the Final Round after a hard game.

* * *

On June 26th, 1657, the remains of the great William Harvey were deposited in the vault of the historic old church at Hempstead in Essex. In the year 1882 the tower of this church was destroyed, and still lies as a heap of stones in the graveyard. In the following year the body was placed in a handsome sarcophagus subscribed for by the Royal College of Physicians and deposited inside the church. It is now proposed to restore the tower as a memorial to William Harvey. The Treasurer of the Hospital, Lord Stanmore, is the chairman of the Committee, and Sir D'Arcy Power is on the Executive.

St. Bartholomew's is proud of Harvey, and we hope that many Bart.'s men will subscribe to this memorial. Subscriptions should be sent to Dr. Sidney Phillips, at the Royal College of Physicians, Pall Mall East.

* * *

We offer our hearty congratulations to Sir Humphry Rolleston on his appointment as Regius Professor of Physic in the University of Cambridge. We realize with pride that the Regius Professors of both Universities are now Bart.'s men, Sir Archibald Garrod holding this honoured position at Oxford.

We offer hearty, if somewhat tardy, congratulations to Professor Lovat-Evans, who has recently been made a Fellow of the Royal Society.

Also we are pleased to mention Mr. Kenneth Franklin, who has been made a Fellow of Oriel College and appointed Demonstrator in the Department of Pharmacology at the University of Cambridge.

* * *

It is with great regret that we record the death of Dr. Joseph Arderne Ormerod, Registrar of the Royal College of Physicians of London, an honoured member of the Medical Consulting Staff of the Hospital, and Consulting Physician to the National Hospital for Paralysis and Epilepsy.

From Rugby Ormerod went to Oxford in 1867, having gained a classical scholarship to Corpus Christi. At the 'Varsity his progress was brilliant. He won the Chancellor's Prize for Latin verse, and was elected a Fellow of Jesus College. He came to Bart.'s in 1871, and throughout his long connection with this Hospital showed himself to be a great scholar and a great clinician.

A memorial service was held at the Church of St. Bartholomew-the-Less.

* * *

In our February issue we recorded the death of Dr. Attfield, the oldest Bart.'s man. By his death this proud title passed to Dr. Arthur E. T. Longhurst, of Chandler's Ford, Hants. On March 20th Dr. Longhurst died. He qualified from this Hospital in 1853, and spent long and eventful years as a practitioner. He was in Turkey and the Crimea from 1854 to 1855, was present at the siege of Sebastopol, and suffered in the Indian Mutiny. The JOURNAL published an article by him as late as 1915, and but for an attack of influenza he would have written for us again two months ago.

We are anxious to know who is now "the oldest Bart.'s man."

* * *

It has been found impossible to arrange the next Dinner of the Tenth Decennial Contemporary Club on the first Friday in May this year, the date decided upon at the last Dinner.

There are several reasons for this decision, but the chief one is the difficulty of arranging two dinners of the Club so close together as December 12th and May 1st.

The next dinner will, therefore, be held on the first Friday in May, 1926 (May 7th).

THIRTY CASES OF ARTIFICIAL PNEUMOTHORAX IN ADVANCED PULMONARY TUBERCULOSIS.

By BERNARD HUDSON, M.D., M.R.C.P., Swiss
Federal Diploma.

Victoria Sanatorium, Davos-Platz.

I HAVE thought it worth while to record these thirty cases inasmuch as they were all of advancing, extensive and severe disease, and there is no doubt that in many of them, if not all of them, had they been left alone, the disease would by now have progressed to a fatal termination. They all unfortunately arrived in an advanced and active state of the disease, coming to Switzerland, as I am sorry to say occurs in many cases, as a last hope, all other means of treatment having failed. In each case the attempts at inducing an artificial pneumothorax were decided upon when it became obvious that the condition was not going to settle down with rest and the ordinary treatments available—in other words it was attempted in order to save life. This group of cases recorded does not include any of the more favourable ones, but only the severe ones, and covers a period from the years 1920 to 1923 inclusive in nearly all the cases. In almost all these patients there was some disease in the good lung, which in the favourable instances has become quite inactive.

The analysis of results up to the present time is as follows: Twenty are in good health and able to get about, but none of them are yet working at any employment, although there are three who intend to make an attempt next summer. Out of all the cases only twelve have escaped the complication of fluid, and in four cases a cold abscess containing pus with tubercle bacilli formed. However, these four cases are all doing well, the fluid being removed as required and replaced with air. All the others which have had fluid are doing well. There were two instances in the group of spontaneous pneumothorax. Luckily the cavity did not become seriously infected, and the pneumothorax was kept up artificially. Here again in each of these cases a cold abscess eventually formed, which was dealt with by aspiration when required and replacement with air. These patients are doing well and are in excellent general health. Of the patients, six are dead, two died of spontaneous pneumothorax occurring in the artificial one, probably due to rupture of a cortical cavity, a pleuro-bronchial fistula being formed in each case, the

patient eventually dying of sepsis. In one case death was due directly to hæmorrhage; the pneumothorax was done originally to attempt to control a big hæmorrhage, but did not succeed, owing probably to a very thick-walled incompressible cavity from which the bleeding occurred. In two others death was due to an acute spread of tuberculosis in the good lung.

Examining these results we have at least the satisfaction of knowing that out of thirty desperate cases, all of whom would in all probability either be dead or near it at the present time, twenty have been saved and are able to get about feeling well, and more or less enjoying life. Two are at present ill; one of them is in the stages of acute effusion, almost certainly forming a cold abscess of the pleura, the other has developed a dry pleurisy and a pleuro-pericarditis in the left lung, the right one being the pneumothoraxed one. The fillings are being discontinued for the time in this case, and the condition is passing off, the patient improving. In three of the patients a small pocket of gas only was obtainable owing to the presence of adhesions, and the results are insufficient. During this period, 1920-1923, there were several other severe cases attempted, but found quite impossible to do, owing to the presence of extensive adhesions.

Total number of cases, 30: Well at present, 20, of which twelve have or have had effusions, four of which effusions being purulent, containing tubercle bacilli, but not infected with secondary organisms.

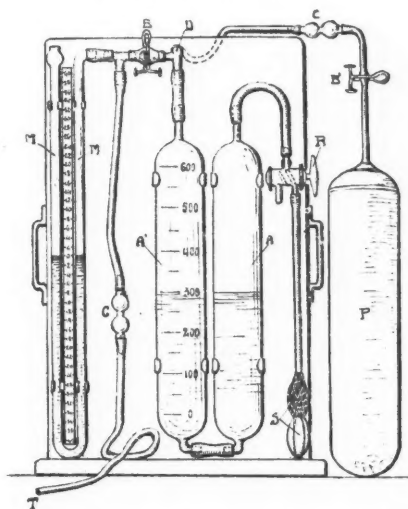
Ill at present, 2; one with an acute effusion, and one with pleurisy and pleuro-pericarditis of the opposite (left) lung. These will almost certainly settle down and improve.

Partially successful only, 3. A small pocket only being produced owing to adhesions.

Dead, 6; two from spontaneous pneumothorax occurring in the artificial one, two from spread in the opposite lung, one from hæmorrhage, one from infection of the cavity with pneumococcus.

The apparatus used for many of these cases has been the one illustrated below, which was designed by my colleague, Dr. J. Mamie, of Lausanne. Another apparatus which has also been employed was Dr. Frey's modification of Von Muralt's, which is very similar in many ways to the above. The advantages of this type of machine are many. It is portable, and may be carried about during the physician's visits to various clinics, houses, etc. It may be employed quite easily by one person, and does not require an assistant. The whole apparatus is not more than 50 cm. high; it is light and easily transportable. The tubes are smaller than is usually the case and contain only 500 or 600 cc., but if more gas is necessary it can be easily introduced

without removing the needle or disturbing the apparatus or the patient in any way.



APPARATUS ACCORDING TO THE DESIGN OF DR. MAMIE.*

A and A', tubes containing the gas and solution of perchloride of mercury. *A'*, graduated from 0 to 600 c.c. *B*, a clamp control: the communication between the tube of gas and the needle. *B'*, a clamp control: the communication between the graduated tube and the reserve of gas *P*, which is situated behind the apparatus. *C*, a filter placed in the exit tube of the gas. *C'*, a filter placed in the entrance tube of the gas. *M*, water thermometer graduated up to 40 c.c. *P*, reserve of gas (generally nitrogen). *R*, tap for the pressure bulb *S*. *S*, pressure bulb. *T*, tube to which is attached the needle.

In order to charge apparatus with gas, take away the forceps *B'*, turn the tap *R* so that it communicates with the outside air, and press upon the tube *P*, which is generally a rubber bag containing nitrogen or air, so that the gas is forced into *A'*, which is filled to the point 0; then shut the clamp *B'*, and the apparatus is ready for use. Once the needle is in the pleural space, it is only necessary to remove the clamp *B*, and there is now communication between the gas-containing tube and the pleural cavity. The gas is thus forced into the pleural cavity by the pressure exerted by the tube *A*, which, of course, is full of the solution of perchloride of mercury.

As regards the removal of fluid, I generally merely replace it with air, introducing the gas through the same needle with which the aspiration was carried out. The pleural cavity, in our opinion, should not be washed out, except in cases of grave infection; in these cases the cavity may be washed out, either through the same needle, by means of an ordinary funnel, or it may be washed out through two needles, the fluid being introduced through one and escaping by another one at a lower level. Sterile water, saline, or some weak antiseptic may be used. In some cases where there has been a pleural effusion, good results have been obtained by aspirating the effusion, washing the pleural cavity

* The Mamie apparatus is manufactured by Messrs. Hausmann & Co., of St. Gallen.

out, and replacing the fluid with an inert oil, such as oil of gomenol, 10 per cent. This method is also useful when allowing a lung, which has been collapsed for what is considered to be a sufficient time, to re-expand. About 200 c.c. of oil of gomenol may be introduced into the pleural cavity and the pneumothorax abandoned. In severe infective cases of pleural effusions which do not react to aspiration, replacement, or washing out, a rib may have to be resected and a tube put in, but this should only be done as a last resource. These severe cases are generally fatal, but when favourable, the simple drainage may be followed by a plastic operation at a later date, in order to close the cavity and keep up the collapse.

CASE 1.—Male, æt. 21. Admitted to the Sanatorium in June, 1919, with extensive spreading disease in the lower two lobes of the right lung. As the disease continued to be active in spite of all ordinary rest and treatment, artificial pneumothorax was attempted, and with a perfectly satisfactory result. The patient became afebrile and was going about. Unfortunately some months after the induction he developed a spontaneous pneumothorax into the artificial one, followed by an infection of the cavity and the production of a pyo-pneumothorax. This was washed out many times, but eventually had to be drained. A thoracoplasty was attempted later to close the cavity, but unfortunately the patient went downhill from a spread of tuberculosis in the opposite lung, and died about a year later.

CASE 4.—Female, æt. 26, was rapidly going downhill with extensive spreading disease in the left lung, and commencing in the right also. Artificial pneumothorax induced as a last resort in 1920 with a partially successful result, the top of the left lung being adherent. This was followed by arrest of the disease in the right lung and recovery of the patient. In this case complications have occurred—a serous effusion four months after induction, which absorbed. In February, 1924, the patient contracted an attack of acute pleurisy on the left side with effusion, which subsequently developed into a cold abscess of the pleura containing tubercle bacilli but no secondary infection. The present state of this case is that she is really in very good health and afebrile, but every six weeks the pus is removed from the pleural cavity and replaced by air, but gradually fills up again each time.

CASE 5.—Male, æt. 30, with exceedingly active disease in the right lung, with softening and cavity formation, and some commencing tubercle in the left, patient going downhill very rapidly, and artificial pneumothorax was attempted to save life in the summer of 1923. The result was highly gratifying and very successful: the whole process became inactive, and the patient was getting about and looking well and afebrile with suppression of cough and sputum. In December, 1924, this patient suddenly collapsed and very nearly died. It was found that he had ruptured his collapsed lung and there was a fistula between the pneumothorax and his mouth. Fluid subsequently formed, and the patient for some weeks was extremely ill, but the present position is that the fluid has re-absorbed, the fistula appears to have closed, and the pneumothorax is now being carried on again perfectly successfully, and the patient looks like recovering his health once more. This has been a very remarkable case.

CASE 9.—Female, æt. 33, with very acute infiltration of the left lung, with rapid formation of a large cavity in the upper part of the lower lobe. This patient was going downhill very rapidly and artificial pneumothorax was performed in the summer of 1920. There were no complications of any kind. The pneumothorax has now been discontinued for nearly a year, the cavity is quite healed and represented by a linear scar, and the patient is quite well and leading a normal life.

CASE 11.—Male, æt. 39, came under observation with an infiltration of the whole of the right lung, the disease being probably of some considerable standing. There was a good deal of cough and sputum, and he was febrile every night. I was on the point of proposing an attempt at artificial pneumothorax when he developed a spontaneous one. He very nearly died from shock; the collapse

of the lung was complete and sudden, and was followed by an effusion. Very luckily the hole must have closed quickly, and the effusion did not become badly infected. It was removed and replaced by air, and gradually changed its character from a serous effusion to thick tuberculous pus. The present state is that (fifteen months after the occurrence of the spontaneous pneumothorax) there is no fluid, the patient takes 500 c.c. of air comfortably every three weeks, and is extremely well in every way; there is no cough or sputum, and never any rise of temperature.

CASE 13.—This case is almost exactly identical with Case 12, the patient being a female, æt. 22, artificial pneumothorax being performed for the same reason. This patient is now quite well in her general health, but has a cold abscess of the pleura, the fluid being removed in intervals of about six weeks and being replaced by air. Up to the present it has always slowly re-accumulated.

CASE 14.—Male, æt. 29, came under observation in August, 1921, with disease in the right upper lobe and left apex. He did very well under ordinary régime and treatment for a year. He then had a severe hæmorrhage, followed by renewed activity and spreading in the right lung. Artificial pneumothorax was then attempted in order to save life, and in order to stop the bleeding. A partial result only was obtained owing to the presence of adhesions, but it was sufficient to arrest the hæmorrhage and to restore the patient to a measure of health. He became afebrile and the cough and sputum diminished considerably, and the disease in the left lung was apparently arrested. The refills were kept up every three weeks, about 300 c.c. of air being as much as could be comfortably got in at a time. There were no complications in the pneumothorax at all, and the patient did really astonishingly well considering for a year, but unfortunately developed cerebral symptoms and died.

CASE 15.—Male, æt. 34, a case of long standing, probably six or seven years, came under observation about eight months ago, with extensive active disease in both lungs, the left lung being the worst. As this patient was obviously going downhill I thought it advisable to attempt to collapse the worst lung, and accordingly a small pneumothorax was induced on the left side. This patient is certainly improved, his cough and sputum have lessened, his temperature is lower, and he is better than he was. A small quantity of air—only about 400 c.c.—is injected about every eight days. There have been no complications up to date, and if things go well I propose in a few months to leave the pneumothorax on the left side alone, and do a similar procedure on the right lung, so as to give that a rest as well.

CASE 16.—A lady, æt. 51, came into the Sanatorium with active and extensive disease in the left lung of considerable standing. The ordinary rest and régime had no effect, and the activity did not settle down. Accordingly a pneumothorax was successfully induced in December, 1923. She developed a serous effusion two months later, which became absorbed. This patient is now perfectly well and is living at home in England, the pneumothorax being still kept up.

CASE 17.—A man, æt. 30, came under observation with active trouble in the left lung, with softening and cavity formation. This patient had recurrent hæmorrhage, and a pneumothorax was performed to control this and was quite successful. He has now had a pneumothorax for eighteen months, which is still being kept up, and he is in very fair health, with no cough, fever or sputum.

CASE 23.—Man, æt. 41, was gassed during the war. No definite evidence of tuberculosis ever found, no cough, temperature generally normal, and never any tuberculosis found in the sputum, but he was having recurrent hæmorrhages about every fourteen days, which were getting bigger and bigger. X-ray photograph showed a dark shadow at the right hilus. Accordingly this lung was collapsed on the chance of controlling the hæmorrhage, and with complete success. The pneumothorax has been left off and the lung is now perfectly well again, and the patient is in very good health.

CASE 28.—Man, æt. 43, with extensive spreading disease with softening and cavity formation in the left lung and involvement of the right apex, with much cough and sputum, and violent auto-inoculation. A pneumothorax was successfully induced eighteen months ago, and is still being kept up without the slightest complication. The lesion in the right lung has become completely inactive, the patient has no cough or sputum, and is in extremely good health in every way.

CASE 29.—Young woman, æt. 23, with very severe disease in the right lung and recurrent hæmorrhages. When she came under observation here she had been ill for about two years, had been in other sanatoria, and had steadily got worse and worse. A pneumothorax was successfully induced, with the very greatest benefit to this patient. She developed an effusion later on, which persisted and

re-accumulated when removed. This patient remained perfectly well for eighteen months, until a short time ago she got a violent infection on the pneumothorax side with pneumococcus. The fluid increased rapidly in amount and quickly became purulent. Washing out of the cavity was done on several occasions, but without the slightest beneficial result, and eventually, owing to this very severe toxæmia and fever, a rib was resected and the cavity drained. She temporarily improved very much, and a month later an attempt was made to close the cavity by a thoracoplasty, which was successfully performed, but unfortunately was too much for the patient, who died a day or two later from shock.

THE INFLUENCE OF INFECTIONS UPON DIABETES MELLITUS.

FOR many years it has been known that infections occurring in diabetic patients are less amenable to treatment than they are in those who suffer from other chronic diseases—a fact to which attention has again been directed during the recently prevalent epidemic of sore throats and influenza. The infection, which may be acute or chronic, may vary from a few small boils to a gangrene of the lung, and its usual effect is to aggravate the course of the original disease. A vicious circle is thus set up, which, commencing with an apparently slight and innocent condition, may progress rapidly, with the result that the patient sinks into coma before the nature or even the existence of the exciting cause is suspected. Nevertheless, in cases of diabetic coma or of severe diabetes which tend to lose ground in spite of treatment, an underlying infection is usually present and must be sought for, the treatment of this complication being as essential as the treatment of the diabetes itself.

In general it may be stated that if a diabetic patient has a normal blood-sugar under treatment, the effect of even a mild acute infection, such as an ordinary sore throat or a common cold, will be an immediate rise in the blood-sugar and very probably glycosuria. In dealing with such cases we were, until quite recently, faced with two definite indications for treatment, each pointing in a direction contrary to the other. On the one hand it was necessary to bring down the blood-sugar and to render the urine sugar-free, this being accomplished by what was literally a starvation diet. On the other hand, if the underlying infection were to be dealt with by the body, food had to be supplied to compensate for the increased tissue destruction. In actual practice the food intake was cut down almost to nil, so that the patient had no power of resistance to even a mild infection, with the result that coma and death were of all too frequent occurrence. In other words, no matter what line of treatment was adopted, the vicious circle remained unbroken, and it is only since the introduction of insulin that we have been able to meet both indications at once—to lower the blood-

sugar and at the same time to supply the patient with a diet of adequate caloric value. The type of foodstuff which is ordered is also of importance, for it is necessary to provide a small quantity of carbohydrate for the febrile tissues to burn, and this must be supplied in a form which can be easily assimilated by the patient. The food which suits this purpose best is milk, and it is useful to remember that, for every 100 c.c.s. of milk taken, 4 grm. of lactose are being metabolized as glucose within the body, and that 1 unit of insulin is needed for the utilization of every 2 grm. of glucose absorbed.

The following three cases, recently in the wards of the Medical Unit, illustrate some of the different types of infection which may be encountered, and, as they provide typical examples of the condition in question, it may be of interest to record their mode of response to the infection, and the steps found necessary to combat its effects in each case.

CASE 1.—E. H., æt. 12, a schoolboy, was admitted to Sandhurst Ward on November 24th, 1924, in a very drowsy state. The history was that he had been "off colour" for several weeks and had been losing weight, beyond which facts there was nothing to suggest the onset of diabetes. During the two days previous to admission he had been constipated and had commenced to vomit, while later he developed acute pain beneath the lower end of the sternum, not related to respiration nor to the taking of food. On the day of admission he had become very drowsy, and large quantities of sugar and acetone bodies were found in his urine. On examination he was not completely unconscious and could be made to answer questions, but he was obviously very ill, with temperature 97° F., pulse 110, and respirations 10. The respirations were slow and deep, and the eyeball tension was low, while the blood-sugar, taken before treatment commenced, showed 0.34 per cent. During the first twelve hours he was given water only by the mouth and 80 units of insulin, by which time his urine, tested every three hours, was free from sugar and contained considerably less acetone bodies, but the remarkable fact was that clinically his condition was very little improved. He was then given 1 litre of milk within the next twenty-four hours in addition to an egg and vegetable diet and 40 units of insulin in four equal doses; of this insulin 20 units would be needed to metabolize the carbohydrate given in the milk, while the remainder was available for the reduction of the blood-sugar. During the day the clinical condition of the patient improved markedly, and by the following morning he appeared to be almost normal. His blood-sugar at noon on November 26th showed 0.085 per cent., but at 1 p.m. had risen to 0.17 per cent., showing

that the regulation of sugar metabolism was still very unstable. After this date the patient made rapid progress, and within four weeks was taking a diet containing protein 75 grm., fat 132 grm. and carbohydrate 25 grm., making a daily caloric value of 1586, while he was kept sugar-free, with a blood-sugar of about 0.1 per cent., with 4 units of insulin. Even with this dose he began to manifest symptoms of hypoglycæmia, so that it had eventually to be reduced to 3 units daily for a short time.

While he was in this satisfactory state he suddenly developed a sore throat and his blood-sugar rose to 0.2 per cent., while sugar reappeared in his urine. The course of the infection is seen in Chart I, and the treatment consisted in the addition of 10 units of insulin

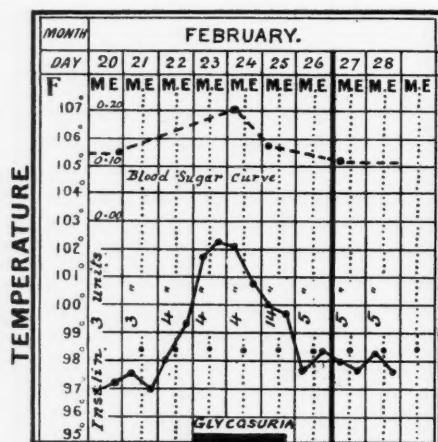


CHART I.—SHOWING THE TEMPERATURE AND BLOOD-SUGAR FIGURES DURING AN ATTACK OF TONSILLITIS.

for one day and an increase in the milk to 300 c.c. The urine again became sugar-free and subsequently remained so on 5 units of insulin daily; of course vigorous local treatment was carried out in addition.

In this case the main points of interest are the treatment of the initial coma, and the fact that, although the urine rapidly became sugar-free, his clinical condition did not improve until carbohydrate had been supplied. The infection which determined the onset of coma was not very obvious, but the condition described above points to an acute gastritis; the blood-count on admission showed 11,800 white blood-cells, of which 8140 were polymorphonuclear cells. It is also worthy of note that a diabetic may be suffering from a severe infection with a subnormal temperature, in which case the pulse-rate may often be relatively raised.

The potency of insulin is demonstrated in this case in a remarkable way, as 4 units of insulin caused symptoms of hypoglycæmia, while 3 units permitted a very slow rise of blood-sugar. In this connection it

may be useful to recapitulate the main manifestations of hypoglycæmia observed up to the present.

Perhaps the very first indication in children is a gradual increase in the pulse-rate occurring over a period of several days (see Chart II). In slightly more severe cases the patient begins to sweat and has tremors of the hands, perhaps accompanied by numbness and paræsthesia usually of the face or tongue. Later the patient complains of hunger pains or limpness and asthenia with diplopia and sometimes aphasia. Another symptom is lack of concentration, which may proceed to delirium and delusions, or complete inco-ordination; in children fits may be observed, while in the most severe cases there may be a sudden onset of coma—a condition which must be carefully distinguished from the coma associated with hyperglycæmia. The treatment of hypoglycæmia is, of

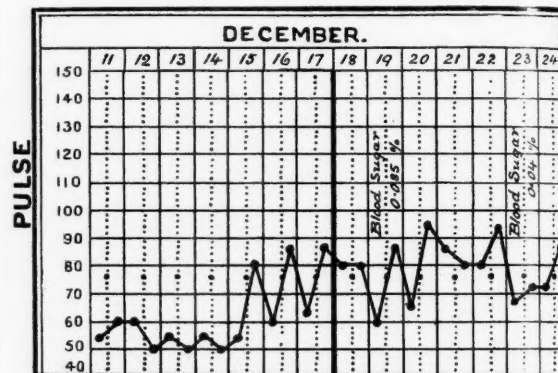


CHART II.—SHOWING THE INCREASED PULSE-RATE WHICH PRECEDED THE DEVELOPMENT OF HYPERGLYCÆMIA.

course, to provide sugar by giving a few lumps in strong coffee, or alternatively to mobilize the carbohydrate stored in the body by the injection of liq. adrenalin 1 : 1000 m/v, followed by some sugar.

CASE 2.—Mrs. F—, æt. 37, was admitted to President Ward on October 27th, 1924, complaining of weakness and thirst. The total duration of symptoms had been only six weeks, and her local medical adviser had given a grave prognosis on account of her weak state and the large quantity of sugar in her urine, as well as her lack of response to ordinary dietetic measures. On admission she appeared to be very weak although not near coma, and her urine contained a large amount of sugar and acetone bodies. Detailed examination did not reveal any acute septic focus, and the only sign of chronic infection was some gingivitis and apparently slight pyorrhœa in the region of the lower incisor teeth. Treatment was commenced with a hunger day and two egg and vegetable days, but insulin was not given. The sugar in the urine diminished markedly, but four days after admission on the above very spare diet the

blood-sugar was still 0.175 per cent. It was therefore decided to deal with the only apparent source of infection, and accordingly all her remaining teeth were extracted on November 4th. After this operation had been performed the patient steadily improved, and her blood-sugar did not rise above 0.095 per cent. although the diet was rapidly increased, so that a week later she was taking 62 grm. of protein, 122 grm. of fat and 20 grm. of sugar daily. The addition of bread, however, did cause her to pass a trace of sugar on one occasion.

She was discharged from hospital in very good health four weeks after admission, and subsequent progress notes show that she has remained well at home, except for a slight attack of influenza, from which she made a good recovery.

The points of interest about this patient are that she was admitted as a grave and rapidly progressive case; that the focus of infection was very slight and one which is present in a large number of cases, and that as a result of the elimination of the septic focus she did not require a single unit of insulin to enable her to attain a condition of equilibrium on an adequate diet.

CASE 3.—Mrs. E—, æt. 46, was admitted to President Ward on October 3rd, 1924, in coma. The patient was gravely ill, with a temperature of 95° F., a large quantity of sugar and acetone bodies in her urine, and a blood-sugar of over 0.36 per cent. In this case no infection was discovered at first, and treatment was carried out by giving 85 units of insulin and 1 litre of milk in the first twenty-four hours. The patient improved slowly but the blood-sugar fluctuated, at times reaching 0.36 per cent., and the temperature steadily rose, reaching 99° F. in the evenings, rendering the existence of some hidden focus probable. This was discovered on the fifth day after admission, and two small abscesses just inside the vagina were opened and drained, with corresponding improvement on the part of the patient. Glycosuria still continued, however, and the blood-sugar persisted above 0.20 per cent., when further investigation revealed a few pus-cells and many coliform organisms in a catheter specimen of urine. Treatment with potassium citrate quickly cleared the urine of this infection, and the improvement of the patient clinically was reflected in a fall of the blood-sugar to 0.13 per cent., around which figure it remained, although the daily dose of insulin was gradually lowered to 17 units with the top of the ladder diet, a diet containing 60 grm. of protein, 122 grm. of fat, and 20 grm. of carbohydrate.

This case illustrates doubly the importance of search for a septic focus, and shows that if the blood-sugar does not drop to normal after dealing with one infection, search should be instituted for a second. The patient

also showed symptoms of the aphasic type of hypoglycæmia on two occasions, but responded quickly to treatment, and afterwards stated that she could remember events which occurred during her attack "as if she had been dreaming," showing that she could not have been completely unconscious.

SUMMARY.

Any acute infection will raise the blood-sugar of a diabetic patient, and unless careful treatment is carried out by rest, food and, if necessary, insulin, coma may result quite quickly. In any diabetic who is acutely ill an infection is almost certain to be found, and the commonest places to be affected are the throat and ears, the respiratory and genito-urinary systems. The fact that a diabetic patient is afebrile by no means excludes the presence of any sort of infection, and the temperature chart may be misleading in this condition, the most valuable guides being the pulse-rate and the white blood-count.

A word of warning might be added against the use of ether as a general anæsthetic in these patients; in addition to the grave risk of post-anæsthetic bronchitis, ether has been found to have a direct action in neutralizing the effect of insulin, so that it is safer to use gas and oxygen, or some such type of anæsthesia.

In conclusion my thanks are due to Dr. Geoffrey Evans for permission to publish the notes of these cases, and to Dr. George Graham for his assistance and advice in their elaboration.

JAMES MAXWELL.

TWO UNUSUAL ABDOMINAL ACCIDENTS.

THE diagnosis of intra-abdominal accidents is too frequently a matter of extreme difficulty; thus there is born a period of hesitation while conservative treatment is weighed up against what may seem a rash activity. Admitting diagnosis to be difficult, the notes of two uncommon accidents may prove of some interest. In the first, one of rupture of the small intestine, the diagnosis was obscured by rather anomalous signs. Exploration of the abdomen proved our delay to be unwarranted, yet the result was favourable. In the second case the external evidences of injury were not extensive, and merely served to conceal the actual damage. But any surgeon who had explored this abdomen would have been faced with a ruptured kidney, a lacerated spleen and a traumatic diaphragmatic hernia. His efforts would have been unavailing.

CASE 1: *Rupture of the small intestine.*—History.—C. S—, æt. 13, female. February 6th, 1925, while crossing a road patient was knocked over by a motor

lorry, a wheel of which was said to have passed over her abdomen.

On admission.—The child was cold, pale, and suffering from shock. Temperature, 98° ; pulse, 110; respirations, 40. There was no evidence of injury above the diaphragm.

An examination of the abdomen revealed the following points: A small area of bruising was apparent in the region of the left anterior superior iliac spine. Slight rigidity of the whole anterior abdominal wall was present, this being most marked in the upper left quadrant. Tenderness was generalized. The area of liver dullness was within normal limits and no evidence of free intraperitoneal fluid could be elicited. The pelvis was intact.

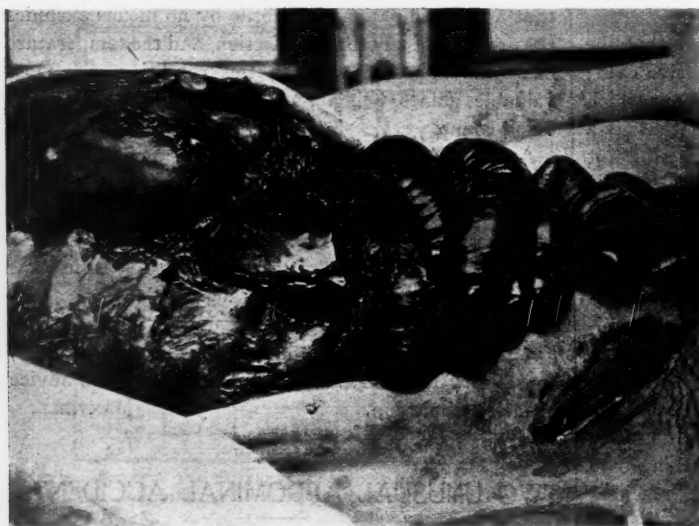


FIG. 1.—ON THE LEFT SIDE CAN BE SEEN THE STOMACH AND SPLEEN LYING ABOVE THE DIAPHRAGM. THE WOUND IN THE RIGHT ILIAC FOSSA IS PRESENT IN THE LOWER RIGHT CORNER.

Urine analysis: No blood nor other abnormal constituent was present.

The patient was admitted and kept under observation.

During the first two hours the general condition improved, the temperature rising to 99° , while the pulse-frequency remained stationary at 110. Abdominal rigidity passed off, but tenderness was still present over the upper left rectus.

Twelve hours after admission the temperature rose to 100.8° ; the pulse-frequency showed a corresponding rise to 152. Vomiting of bile-stained fluid commenced.

Sixteen hours after admission.—The abdomen became distended and slight rigidity over upper left rectus was perceptible. The area of liver dullness was unchanged and any evidence of intraperitoneal free fluid was not forthcoming.

The patient volunteered that thirst was her main trouble. There was no pain, nor had there been any except on abdominal palpation.

Twenty hours after accident.—Exploration of the abdomen was considered necessary, and carried out by Mr. McAdam Eccles. The abdomen was opened, under a general anæsthetic, by a 5-in. left paramedian incision, two-thirds of which were above and one-third below the umbilicus. There was a slight increase of clear peritoneal fluid. A coil of jejunum was found completely divided, from the cut ends of which very little intestinal contents had escaped. An end-to-end anastomosis was performed. Previous to suture of the abdominal parietes the peritoneal cavity was irrigated with warm saline. The abdomen was closed with a large tube draining the pelvis.

The total time of operation was twenty minutes. At the termination of the operation the radial pulses could not be felt and respiration became embarrassed. An intravenous saline of $\frac{3}{4}$ xx was given, this was followed by a return of the radial pulses, but the actual frequency could not be ascertained.

One and a half hours after operation strychnine gr. $\frac{1}{32}$ and a further $\frac{3}{4}$ xx of saline were administered intravenously.

During the night continuous subcutaneous saline was given. The bowels were opened on the following morning.

Recovery was uneventful except for occasional attacks of colicky pain. Five weeks after the accident the patient was able to leave hospital on a full diet.

CASE 2: Traumatic diaphragmatic hernia.—History.—S. C—, male, æt. 20. On February 25th, 1925, the patient was engaged in cleaning the outside of a window, when, overbalancing, he fell headlong on to a metal spike about 20 feet below. This spike entered the abdomen in the right iliac fossa, and the patient remained impaled till the arrival of assistance about five minutes later.

On admission to hospital at 3.35 p.m. the patient was obviously in great pain; temperature 96° , pulse perceptible but impossible to count and respirations 40.

There was a lacerated wound about one and a half inches in length through all the layers of the abdominal wall in the right iliac fossa, and through this coils of small intestine could be seen. The anterior abdominal wall was generally rigid and tender, the area

of liver-dullness was within normal limits and there was no evidence of free fluid in the peritoneal cavity.

His condition of shock was treated by warmth, morphia gr. $\frac{1}{8}$ and an intravenous saline of 3xxx. Three-quarters of an hour after admission his general condition was slightly improved, the pulse-frequency had decreased to 120 and the volume had improved. Abdominal pain as the chief symptom was now replaced

about 3 in. long, running transversely in front of the left leaflet of the diaphragm (Fig. 3). Through this tear a hernial protrusion of the stomach and spleen had taken place into the left pleural cavity. The spleen was ruptured, but the stomach, which was intact and remarkably dilated, had caused an almost complete collapse of the left lung. The heart was displaced, and occupied a position just to the right of the middle line.



FIG. 2.



FIG. 3.

FIG. 2.—THE DARK AREA IN THE UPPER RIGHT CORNER IS THE COLLAPSED LEFT LUNG, IMMEDIATELY BELOW WHICH LIES THE DILATED STOMACH.

FIG. 3.—RUNNING TRANSVERSELY ACROSS IS THE TEAR IN THE DIAPHRAGM THROUGH WHICH THE STOMACH AND SPLEEN HAVE PASSED.

by dyspnoea and a feeling of tightness over the lower thorax.

At 5 p.m. 3xx of gum saline were administered intravenously, but the patient gradually became worse and died at 8.20 p.m.

A post-mortem examination revealed multiple injuries of an uncommon nature. External examination showed the wound described previously in the right iliac fossa, just below which the skin presented a peculiar striation due to stretching. This is well shown in Fig. 1. The lesion of paramount importance was a tear

The right kidney had undergone extensive laceration. The escaping blood from this viscus had caused a large retro-peritoneal hæmatoma extending across the middle line just below the third part of the duodenum. The serous covering of the third part of the duodenum was torn, but the other coats had escaped. The eighth, ninth and tenth left ribs were fractured.

I wish to thank Mr. McAdam Eccles for permission to publish these notes, while I am indebted to Mr. H. B. Howell for the excellent photographs.

HAROLD BURT-WHITE.

THE BROWN-SÉQUARD SYNDROME.

Said B. to S., "Come, let's contrive
A syndrome new and clever.
Your spinal cord, while you're alive,
I'm going to semi-sever."

He did; his colleague soon descried
(To his eternal cost)

That he, *on the affected side*,
The following had lost:—

All power, his position-sense,
Discriminating touch,
His vasomotor tone—and hence
It grieved him very much.

These other woes he had to bear
(Which briefly may be told):
Gone *from the other side* there were
Pain, touch, and heat and cold.

MORAL.

The Moral which these lines afford
Exceedingly immense is:
*Don't fiddle with your spinal cord
For fear you lose your senses!*

F. G.

STUDENTS' UNION.

ANNUAL REPORT OF STUDENTS' UNION COUNCIL, 1925.

GENTLEMEN,—We have much pleasure in presenting to you our twenty-first Annual Report. 1923 was a most eventful year, bringing with it both the Octocentenary Celebrations and the second Fleet Street Week, and it is perhaps by way of being in the nature of reaction after this that the year now ending has been so devoid of interest as far as the activities of the Students' Union are concerned. At one time, it is true, we were stirred to our depths by the rumour that a team was to be raised to represent Bart.'s in a great Inter-Hospital Crossword puzzle competition, but rumour proved again a baseless knave, and the hope, once throbbing in our hearts, had perforce to fade again.

However, one event is worthy of report: the Students' Union now possesses a cloak room worthy of the name, increased space, better ventilation, attendance and telephoning facilities—all matters which we appreciate all the more for their having been needed for so long. It is perhaps annoying to be unable to see for oneself whether the correspondence rack contains anything of personal interest, but this defect will be remedied, we hope, at an early date, and we should like to take this opportunity of thanking the School authorities and all those responsible for their successful efforts to improve the accommodation and facilities of the students.

During the year the increasing number of complaints respecting the quality of goods supplied by Messrs. Paget, and more especially with regard to their attitude towards customers, rendered it necessary

to take official notice of the matter, and the response made to our complaints proving unsatisfactory, estimates were obtained from other firms, and resulted in Messrs. George Lewin, of Crooked Lane, Cannon Street, being appointed Hospital Outfitters. The quality and price of their goods compare very favourably with anything we have experienced, and their attitude towards us as customers is a decided improvement on what has gone before.

Special mention should be made of the Dance this year, which proved quite the most successful we remember. We congratulate the Secretaries, G. P. Roxburgh and J. W. D. Buttery, and all others connected with the organization, on the excellent results of their efforts. We should like to congratulate a very keen old Bart.'s man, Capt. Batterham, of the R.A.M.C., on winning from Guy's the Dawson of Penn Inter-Hospital skiing cup, which may now be seen in the Library.

Of our new President—Mr. W. Girling Ball—we need say no more than that he has proved all that we hoped. We thank him for all he has done this year, and trust that for many years to come he will be as closely associated with the Students' Union.

To turn to the Clubs, that of *Rugby Football* comes first by right of seniority, but it is to be regretted not by the right of achievement it had last season. Far from repeating the success of last year in the Hospital Cup, we were beaten by Guy's in the first round by 8-3.

We may say with certain justification that we have not had the best of luck this season. Before Xmas we were continually having to change our team through injury or exams., and when we had won one or two good matches in January, the hope that we had managed to get together quite a good side was dashed by the loss of several men, including our captain, A. W. L. Row, whose place, together with that of a much improved player, J. W. D. Buttery, we were quite unable to fill.

Even taking all these things into consideration we were not the side we should have been; there was a certain deplorable lack of the team spirit which is essential for success. W. F. Gaisford, whose knee made him another notable absentee, will, we hope, be fit and well next season.

It was unfortunate that two of our leading forwards spoil an otherwise fine record by a childish attitude towards the *Rugger* side, owing to a quarrel with which the Club had nothing to do. We feel that their action of refusing to play was most unsportsmanlike.

We were sorry to have to say good-bye to our Treasurer, J. L. T. Davies, early in the season, and we fully appreciate the work he so ungrudgingly put in on behalf of the Club. Another man to whom the thanks of the club are due is P. H. Flockton, upon whose shoulders has fallen the whole of the organizing below the A team, and the good records and increasing demand for fixtures among the three junior teams bear good witness to his keenness and efficiency. The "A" team did well in the early part of the season, but came down in most lamentable fashion against Guy's.

We hope that our efforts next year will result in our building up a better and more successful side.

To date the *Hockey Club* has had a successful season, although several of the best fixtures have had to be scratched, especially the mid-week matches of the 2nd and 3rd XI's, owing to the bad drainage of the ground at Winchmore Hill. The first eleven have only lost 3 of their 14 matches, and have done so well as to beat Shoburyness Garrison, and draw with Sandhurst and Royal Corps of Signals, whilst the 2nd have lost only one of their 15 matches, and have scored 108 goals against 19.

In the senior division of the Inter-Hospital Cup they met and defeated King's in the second round 6-0. Against Guy's in the semi-final they were unexpectedly beaten by 3-1, a surprising result when the records of the two clubs are compared.

Special mention should be made of J. E. Church, who has played in the Southern Counties trial, and who with J. G. Milner has played regularly for Middlesex.

The *Association Football Club* has enjoyed a fairly successful season. Three elevens have been placed regularly in the field, and have lost an aggregate of 12 matches out of 37 played.

Both teams are to be congratulated on reaching the final of the Inter-Hospital Cup ties, and we extend to them our best wishes for their success.

The season of the *Cricket Club* was badly interfered with by the weather, the cricket week being quite spoiled, and altogether 10 matches had to be scratched; of those played, 6 were won and 6 lost, 5 being drawn. Considering the difficulty in obtaining practice last year owing to inclement weather, the side did well.

In the Inter-Hospital Cup we easily beat King's, but St. Thomas's

defeated us in the next round. Increased keenness was shown in the 2nd XI, and there was no difficulty in turning out a side regularly. They unfortunately were unable to overcome King's in the Junior Cup.

Prospects for 1925 are good, with plenty of last season's talent still available under the captaincy of R. H. Bettington.

It is hoped that more interest will be taken in the Past v. Present match, and in the Cricket Week which starts on June 1st.

Unfortunately for the *Athletic Club* rain marred their annual sports, but in spite of the heavy going, some good racing and times were recorded.

It is gratifying to notice the support given to athletics by the Staff, and it is to be deplored that more students do not follow their example.

Rain again interfered with the United Hospitals Sports, when we were second to Guy's.

H. B. Stallard is to be congratulated on equalling the record time for the half-mile and the relay team on winning their event.

M. R. Sinclair from Cambridge, and Lakshmanan, the Indian Olympic Games hurdler, should help Bart.'s to regain the Cup in 1925.

We were unlucky to lose the Kent-Hughes Cup in the cross-country race on March 11th. Guy's won it with 31 points; we were second with only one more point.

The *Boxing Club* established a long-attempted precedent last year by winning the Inter-Hospital Boxing Cup. We congratulate Messrs. Marcuse, Colenso-Jones and Chalke on winning their weights.

On December 5th, 1924, T. M. Marcuse and G. Colenso-Jones reached the finals in the Universities, Cadets and Hospitals Competitions. The same two boxers were chosen as first strings in their respective weights to represent London University v. Oxford.

Bart.'s put up a strong team in the Inter-Hospitals contests at N.S.C. on March 11th, and the keenness which has prevailed throughout the term was rewarded when we won the Cup for another year. J. L. Colenso-Jones especially is to be congratulated on boxing in two weights, winning the heavies, and only just being beaten on points in the light-heavies. To T. M. Marcuse, too, we must extend our congratulations for adding another to his list of victories. Three more of our representatives reached the finals, and so gained points for the Hospital, and we were left winners with St. Thomas's and Guy's close behind.

The *Boat Club* has lost a number of its most experienced oarsmen during the last year. The remainder, however, have been turning out regularly during the winter and taking advantage of the coaching available at the L.R.C.

The list of new members is very satisfactory, and one or more fours are going out regularly twice a week for coaching as well as Saturday's work.

The activities of the *Tennis Club* were considerably curtailed by the persistently bad weather of 1924.

With practically reconstructed teams the 1st and 2nd VI's were fortunate to win more than 50 per cent. of their remaining engagements, and the experience gained should stand them in good stead for the coming season.

We have to welcome the advent of Sir Charles Gordon-Watson, K.B.E., as President in place of Dr. Morley Fletcher, who has so ably guided us during the past few years. It is hoped to revive the annual match against the Staff this year, which has not been played for two years.

A word to those who wish to help Bart.'s to capture the Inter-Hospital Cup once again: "Practise now, and don't wait until May 1st to take out your rackets." The first round will be played before May 31st.

In the season 1924-25 the *Fives Club* has played 9 matches and won 4. It has taken part in the Fives Association competitions, and the usual singles and doubles competitions have been played.

Improvements in the lighting of the court have made play possible at all hours.

The *Golf Club* had a very successful season last year. For the first time in their records they won the Inter-Hospital Golf Club, beating Guy's by 10 matches to 2 and St. Thomas's in the final by 8 to 4.

Three club matches were played, in which we won against St. Albans and Broxbourne, but were badly beaten by Sudbury.

The match v. the Staff was drawn at 10 all. Perhaps it should be added that the students gave the staff a lead of 3 up in each match.

R. H. Bettington won the Girling Ball Challenge Cup and W. S. Marlay the Hospital Cup.

200 members of the Hospital were found to have played at Sandy Lodge during the year.

The *Swimming Club* did not have a very successful season as regards winning their matches. We lost 7 out of 12, to some extent owing to illness.

In spite of having a very weak team out we ran Guy's to 2-5, losing the swimming event only by the team race.

A great improvement was the keenness shown and the inauguration of a second team which showed considerable promise and keenness.

After a period of some quietude the *Debating Society* has again been able to fill a need in providing a non-academic form of entertainment, and it is hoped instruction for those for whom the more prosaic side of life occupies a large amount of time.

One more debate will be held before the end of the session.

The attendance at all the debates has been quite good, and the number of those taking part has been a distinct advance on former years.

The Society has been fortunate in discovering hidden talent which it is hoped will be available in the future.

The standard of debating has been high, as shown particularly by two or three notable speeches, and two members of the Society have been invited by and have spoken at the University Union Society.

The continuance of the process of organization and advancement of the Union we pass on to those elected to succeed us, with every confidence that they will successfully carry on the work of gaining for students the full privileges of their membership of the Union.

Finally we should like on behalf of all members of the Students' Union to thank the Treasurer and Almoners, the Dean, the College Committee, Mr. Hayes, and the representatives of the Staff on the Students' Union for their invariable courtesy in considering all matters referred to them by the Council, and for their untiring and unselfish efforts on behalf of the Union.

We remain, Gentlemen,

Your obedient servants,

E. S. VERGETTE,

M. J. HARKER,

Hon. Secs.

DEBATING SOCIETY.

A debate was held on February 19th, Mr. E. R. Cullinan (Vice-President) in the Chair.

The motion was "That unqualified practice is of service in medical progress."

Mr. J. J. SAVAGE opened the debate, and said that the first medical practice recorded was that of Adam and Eve, who treated each other for apples impacted in the throat and snake-bite. Experience was gained by treating such minor ailments, and in time men became specialized in medical treatment through the practice thus obtained, and after a while segregated themselves into what is the closed profession we know to-day. The evils of closed professions were ever obvious, but how obvious, as for example the daily press, is the freedom and freshness of journalism, which admits any worthy of the name to its ranks. In the past, new ideas, whether medical or purely scientific, were mocked at, and we were doing the same to-day if any new idea or theory were advanced by a non-medical man. Pasteur was not a doctor, but who will deny the greatness of the work he did, and moreover, though unqualified, he successfully treated diseases which baffled the medical skill of his time? Vaccination was introduced by a lady, certainly unqualified in our sense of the word, but who will deny the advance made thereby?

Mr. PICKUP GREENWOOD, opposing the motion, said that no one ought to ignore progress, and if unqualified people have ideas, those skilled in practice should be the ones to try them out. He enumerated cases where quackery came to grief, especially cases which only anyone with a medical training could possibly diagnose with certainty. Qualifications as we know them are to protect the public, not the holder, and if certain men have inborn manipulative skill, they should be controlled just as much as those who undergo a long course to arrive at a more advanced condition of fitness for treating the public.

If uncontrolled quackery were sanctioned officially, the art of medicine would be divided into the camp of those who used scientific means, and those who worked by rule of thumb.

Mr. F. F. IMANITOFF, supporting the motion, said that the aim of medical science is not to cure, but to eradicate disease, and if a layman can produce a theory or plan assisting in the latter, then no man should hesitate to give it a careful trial.

Mr. R. W. RAVEN, speaking against the motion, showed how

unqualified practitioners were always above learning the fundamentals of medical science—they thought there was a short cut. Quackery was realized to be a public danger in the days of Henry VIII, who founded the Royal College of Physicians to combat their ravages, and surely the general features of quackery are the same to-day.

The motion was then declared open for debate, and the following members took part: Messrs. C. W. Brook, R. Bolton, E. A. Freeman, J. Scovell, P. Mellows, F. Malony and W. R. Thrower.

Mr. SAVAGE then replied and the House divided; ayes 18, noes 15, the motion being carried.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

Played at Winchmore Hill on March 7th. After a pleasant game, in which our opponents extended us fully, we won by 10-3 (2 goals to a penalty goal).

The conditions were good, but faulty handling spoilt most of the passing movements. The forwards were evenly matched, and up to half-time the only score was a penalty goal by the H.A.C. After the interval, however, our team, whose condition was none too good, pulled themselves together, and began to press consistently. F. O. Davies picked up in the loose, cut through at great speed, and on reaching the full back gave Neville a perfectly timed pass, resulting in a score behind the posts. Edwards converted. Soon afterwards A. MacGregor cut through brilliantly, and swerving infield, completely beat the full-back and scored between the posts. Edwards converted.

ST. BARTHOLOMEW'S HOSPITAL v. BLACKHEATH.

Played at Rectory Field, on March 14th. Our first fixture with "The Club" yielded a fine game, which we ultimately lost by 21 points to 5, though the actual play was much more even than the score indicated. At half-time Blackheath led by a goal and a penalty goal. Maley went off with concussion, and Williams was evidently feeling his injured shoulder the whole game.

The second half saw the Hospital start off with a rush, and a fine dribble led by Morgan ended up with Fitzgerald's picking up on the run and dashing over, Bettington converting.

After this Blackheath began to rule the game, and Strong, their scrum half, played brilliantly, his long passes from the base of the scrum completely demoralizing our back division, where Pentreath obviously found Wynne too big a handful.

Bettington, Beagley and Morgan were the best of the pack, and P. O. Davies at centre showed flashes of brilliance and tackled most determinedly.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON SCOTTISH.

Played at Winchmore Hill on March 21st. Our first post-war match with the Scottish resulted in a win for the Hospital by 2 goals (one penalty) to 1. It was a scrappy game, containing little good football, and plenty of roughness amongst the forwards.

A brilliant try by Neville and two good place kicks by Bettington enabled us to win, just on time. We were beaten in every department forward except in loose rushes, where Bettington and Morgan excelled. At scrum-half Underwood played pluckily and well in the face of persistent off-side tactics.

The backs were very evenly matched, though the Scottish did most of the attacking, by virtue of their success in controlling all the tight scrums.

ST. BARTHOLOMEW'S HOSPITAL v. LOWESTOFT.

Played at Lowestoft on February 28th before a large crowd. During the first quarter of an hour the Hospital were kept in their "25," but good tackling prevented any score. Then the forwards carried play to the opponents' line, and from a round of passing T. P. Williams scored a try which was not converted. The Hospital now had most of the game, the forwards continually getting the ball in the loose and scrummages. Fetts played well at stand-off half, and was ably supported in attack by Royle and Petty. Grace and Golville ran strongly on the wing, the latter scoring two very good tries. Amongst the forwards T. Colenso-Jones and T. P. Pittard were prominent. The end came with the score St. Bart.'s, 1 goal, 4 tries; Lowestoft, nil.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. R.A.F.

On March 2nd the 2nd XV met a strong side at Shotley, composed of players from combined services, including some prominent Navy forwards.

A crowd numbering 3000 turned up at the Services Ground at Shotley, and witnessed the last game there this season. The play was fast throughout; tackling was vigorous. There was plenty of open play, and many of the passing movements were excellent to watch. T. Colenso-Jones made an excellent skipper. Apart from his play in the open, and being much in evidence in scrummages, the tactics he adopted for his side were mainly responsible for the victory. Beagley was prominent with some fine dribbles and following up. The half-backs, Underwood and Fells, played with great success, while the quartette were excellent in defence, Grace in particular saving at least two certain tries by cutting across the corner flag. Levick kicked well and was very safe.

The game was much enjoyed by the large crowd and was the best game seen there this season. Tries were scored by Grace, Colville and T. R. Beagley.

Score: St. Bart.'s, 9 pts.; R.A.F., nil.

ASSOCIATION FOOTBALL CLUB.

The 1st XI defeated St. Thomas's Hospital in the Senior Cup Final by 1 goal to nil. This is the second year in succession that the Club have won the Cup.

Previously the records of this season, although not strikingly good, show a certain consistency which is gratifying, especially when one considers that all teams have had to be built up of men who, till this year, have not played with one another. The number of games played by all elevens show that there is a decided increase in the enthusiasm, at least in the playing members of the Club. Let us hope that there is sufficient increase in the number of playing members to enable a third eleven to be run regularly next season.

Unfortunately the 2nd XI, after fighting two stout battles, were defeated in the Junior Inter-Hospital Cup Final v. Guy's Hospital by 2-1.

HOCKEY CLUB.

INTER-HOSPITAL HOCKEY CUP.

Semi-Final.

The Hospital were beaten by Guy's 3-1 in the semi-final at Richmond on Monday, March 9th.

The first half of the game was very even with the Hospital having slightly the better of the game, though neither side was able to score.

Early in the second half Guy's scored from a scrimmage in front of goal. The Hospital continued to attack, and later Church equalized with a good flick shot. The game continued very evenly, and about half-way through the second half Guy's gained the lead. The Hospital tried hard to draw level, but Guy's defence was sound and prevented further scoring. In the last few minutes of the game Guy's scored their third goal, their inside-left taking a centre from the right wing and scoring with a good "first-time" shot.

Mention must be made of S. B. Benton, who played an extremely sound game at left back, tackling and clearing with good judgment.

Team.—R. W. Windle; B. E. T. Mosse, S. B. Benton; J. H. Attwood, W. A. Briggs, V. P. Robinson; M. R. Sinclair, G. W. S. Foster, A. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL v. ST. ALBANS H.C.

Playing away, the Hospital beat St. Albans on March 9th by 3-2. From the start the Hospital pressed, but failed to score, chiefly due to the good defence of the St. Albans' goalkeeper, who played well throughout the game. St. Albans then carried out a series of rushes, and after about fifteen minutes' play scored through their inside-left, who was unmarked. The Hospital continued to press, and just before half-time Guinness scored with a flick shot from a *maele* in front of goal. Early in the second half Church scored, and a few minutes later added the Hospital's third goal. The Hospital continued to press, but failed to score again. Towards the end of the

game St. Albans' forwards carried out a rush which led to their inside-right scoring.

Team.—R. W. Windle; B. E. T. Mosse, R. A. Walsh; J. H. Attwood, W. A. Briggs, S. B. Benton; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL v. WOOLWICH GARRISON.

The Hospital beat Woolwich Garrison at Woolwich on Saturday, March 14th, by 4-0. The ground was somewhat bumpy, which made ball control difficult. From the bully-off the Hospital ran through and scored from a shot by Church. No further score was made in the first half, the game being very even.

In the second half the Hospital added three more goals through Milner, Church and Foster. The game was not as uneven as the score implies. The Garrison made repeated attempts to score, but found the defence of Benton at left back and Windle in goal too sound.

Team.—R. W. Windle; W. A. Briggs, S. B. Benton; J. H. Attwood, T. S. Goodwin, V. P. Robinson; M. R. Sinclair, G. W. S. Foster, J. G. Milner, J. E. Church, G. H. Tanner.

The Hockey 2nd XI may justly claim to be the most successful team in the Hospital this season. In spite of a fixture list considerably in advance of that of last year, the team has built up the following excellent record:

Played 20 games, won 17, drawn 2, lost 1. Goals: For, 147; against, 29.

All second teams played have been beaten, as well as the first teams of Barnet (twice), R.A.F. Uxbridge and the Air Ministry. The solitary defeat was by Radlett I (3-5), and the two drawn games were with the R.A.F. Uxbridge (3-3) and U.C.H. I (5-5). Double figures were scored on six occasions, the highest being 14-0 against London Hospital II.

In the first round of the Junior Cup Bart.'s II walked over; in the second they defeated Westminster I by 7-0, and in the semi-final King's II were beaten by 9-4. It is expected that Bart.'s II will shortly meet St. Thomas's II in the final.

C. G. Sinclair has played very well in goal, although he has not been overworked. P. M. Wright is a very sound full back; R. A. Walsh has been his partner in most of the matches, his place at other times being ably taken by R. J. Armstrong. S. B. Benton played a few games at the beginning of the season, when he was taken by the rest for playing too well. M. S. R. Broadbent, V. P. Robinson and K. W. D. Hartley have been a half-back line combining the excellent qualities of vigour and intelligence, and they have been equally good in both attack and defence. The forwards have combined excellently and shot well. The wings have remained fairly constant—H. B. Stallard and F. C. Roles on the right, and A. C. Bell and G. M. Tanner on the left. W. G. Scott-Brown has been an excellent centre when the call of duty has not prevented him from playing, while A. T. Pagan and C. Sinion have been very useful deputies in various positions.

UNITED HOSPITALS HARE AND HOUNDS.

Inter-Hospital Race.

Run at West Wickham on Wednesday, March 11th, over a 7½-mile course, and resulted in a win for Guy's by a single point in spite of the sporting appearance of H. B. Stallard and J. R. Beagley for us. Four hospitals competed, but University College Hospital was unable to turn out a full team, and so were not allowed to score. G. F. McCormick (U.C.H.) took the lead soon after the start, but after covering about half a mile he was attacked by a dog, which removed part of his calf. This gave the lead to M. E. M. Jago, who was running strongly, followed by Simpson (King's), Darley, Stallard and Walker (Bart.'s). McCormick, when he had recovered from his shock, went up into second place, and these positions were held till one mile from home, when H. B. Stallard showed a fine burst of speed and went up into 3rd place. Simpson beat Darley on the run home. Next came H. N. Walker, who ran in excellent form throughout the race, followed by a string of Guy's men, with J. R. Beagley and O. H. Bellerby, who finished 4th and 5th for Bart.'s, close behind. Both ran very plucky races. The Hospital was also supported by F. C. Roles (15th), A. H. Grace (19th), J. E. Snow

(20th), and M. D. Young (23rd). C. S. Wise laid the trail. Our only supporter was W. S. Hinton, whose vocal encouragement was greatly appreciated. Scoring 5 a-side on the 'Varsity system, the result was as follows:

	min. sec.		min. sec.
1. M. E. M. Jago (Guy's)	45 8½	13. R. P. Ross (King's)	48 39
— G. F. C. McCormick		14. D. C. Drake (Guy's)	49 8
(U.C.H.)	45 44	15. F. C. Roles (Bart.'s)	49 48
2. H. B. Stallard (Bart.'s)	46 1	16. R. H. Yelf (King's)	50 41
3. A. Simpson (King's)	46 15	17. N. F. Pearson	50 48
4. W. W. Darley (Bart.'s)	46 18	— J. W. Storey (U.C.H.)	51 20
5. H. N. Walker	46 53	18. T. M. Colhaem (Guy's)	52 3
6. L. K. Wills (Guy's)	47 36	— R. M. Walker (U.C.H.)	52 51
7. G. W. Rake	47 43	19. A. H. Grace (Bart.'s)	53 24
8. J. G. S. Thomas		20. J. E. Snow	53 27
(Guy's)	47 50	21. M. Baillie (King's)	53 29
9. J. H. Chitty (Guy's)	48 1	22. C. Perkins	54 54
10. G. R. S. Stewart		— G. H. Buttle (U.C.H.)	55 9
(Guy's)	48 17	23. M. D. Young (Bart.'s)	56 17
11. J. R. Beagley (Bart.'s)	48 34	24. M. P. Way (Guy's)	56 41
12. O. H. Bellerby	48 37	25. A. B. Hewlett (King's)	62 0
Guy's, 1, 6, 7, 8, 9 = 31.			
Bart.'s, 2, 4, 5, 10, 11 = 32.			
King's, 3, 12, 13, 14, 15 = 57.			
U.C.H.—Did not score.			

FIVES.

Further results of fives matches are as follows:

Sat., Jan. 31st	v. King's College—away	Lost.
" Feb. 7th	v. Old Paulines—home	Won.
" " 14th	v. Clare College, Cambridge—away	Lost.
" " 21st	v. University College—home	Won.
" " 28th	v. Clare College, Cambridge—home	Won.
" March 7th	v. King's College—home	Won.

MUSICAL SOCIETY.

Of late the attendance of members at meetings has not been encouraging; and as it is hoped that a combined choral and orchestral concert may be given in the summer, an appeal is made to all those in the Hospital who sing or who play orchestral instruments to come to the Society's assistance in their various capacities.

Considering the size of our Medical School, Bart.'s should be able to hold her own amongst the hospital musical societies. Guy's gave an excellent concert a short while ago, and it goes without saying that we should be able to do at least as well.

Old Bart.'s men, in addition to present members of the Medical School, will be very welcome at meetings of the Society. Expert talent, though needed, is not by any means essential for membership.

Practices are held on Thursdays in the Great Hall, at 5.30 p.m. for the orchestra and at 8.30 p.m. for the chorus. The Hon. Secs. are F. H. A. Walker (orchestral) and R. N. Curnow (choral).

CORRESPONDENCE.

THE MUSEUM.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—May I, through the medium of your columns, draw attention to certain minor matters which would facilitate the work in the Museum.

First I would mention the Catalogue. Many doubtless consider the copies of the Catalogue to be in a bad way, and so they are, but please remember that the new copies have taken some years to prepare, and are the last that can be prepared before an entirely new catalogue involving re-arrangement and re-numbering of the specimens can be undertaken.

Therefore may I suggest as follows:

- (1) Don't scribble.
- (2) When an error is discovered report it to the Curator or one of the attendants.

(3) Don't criticize the old descriptions. They may be out of date, and will be adjusted in the next edition, but they at least have attained a respectable age—far greater than those who read them.

(4) Close the book when you have finished, and so prevent more of the smuts of London collecting on the pages.

Next as to new specimens:

I wonder how many realize the additional work (and vexation of spirit) that is entailed when specimens arrive with no name or other means of identification. I believe the provision of a history or other particulars appears in the charges of the Chief Assistants. Would they mind reading those charges.

Lastly, the return of specimens to the Museum after use elsewhere. It is difficult to collect all bottles from lecture theatres if they are pushed under the seats. If they are taken to remote corners of the Hospital they may not be found for months, thereby causing great inconvenience, and some of the Catalogue errors are due to this cause. Finally, bottles used in the Museum itself might easily be returned to the shelf by the user, and so save what amounts daily to a considerable expenditure of time by the Museum attendants.

I apologize, Sir, for trespassing on your space, but I do not often do so.

I am, etc.,

T. H. G. SHORE.

REVIEWS.

THE BLOOD: A GUIDE TO ITS EXAMINATION AND TO THE DIAGNOSIS AND TREATMENT OF ITS DISEASES. By G. L. GULLAND and A. GOODALL. (W. Green & Son, Edinburgh, 1925.)

The third edition of this well-known book, which has been compiled for the student and practitioner, retains the high standard of previous editions. It is divided into five parts. Part I deals with methods of examination of the blood, and no clearer exposition of the subject could be wished for. It is a pity that one or two new methods have been omitted, otherwise this section is very complete and concise. Part II is devoted to a description of the formed elements of the blood, the sources of the blood-cells and their development. Herein is included a chapter on the blood of certain animals, and a valuable table is given of the average blood-counts of animals obtained by different authors, including those of the writers themselves. We note that some of the figures do not agree very closely with those obtained by ourselves. Diseases of the blood, bone-marrow, etc., are dealt with in an excellent manner in Part III. The difficult question as to nomenclature and classification of the diseases again comes up for discussion, and that given in the text is perhaps as good as any for practical purposes. Part IV is devoted to a description of the blood in special diseases, while the last part treats of diseases due to animal parasites. The book contains 424 pages, including an adequate index. There are 29 figures in the text, and 16 coloured plates. One or two of the coloured drawings in Plate III and Plate XV are, in our opinion, not good, although, generally speaking, the plates are admirable. The paper and printing are good and altogether the book can be thoroughly recommended.

C. C. T.

HANDBOOK OF BACTERIOLOGY. By J. W. BIGGER. (Baillière Tindall & Cox.) Price 12s. 6d.

The course of a reviewer is a somewhat delicate one: upon his one hand is the stony Editorial glance, upon the other is the whirlpool of fulsome dishonesty; between these two terrors safe steering is sometimes a difficult matter.

Great joy therefore assails his heart when he sees before him a broad, deep channel. Such is the case in dealing with the present work. It is described as a handbook of bacteriology. The title is a modest one, for the knowledge so clearly set out within its covers would equip a student for any of his examinations in pathological bacteriology. The commonest and most frequent pathological experiences are set out and explained at the greatest length, the less common ones more briefly, and the extreme rarities are omitted.

The excellent chapters on sterilization, preparation of media and the making of cultures are sufficiently short not to be boring, and sufficiently full to be of real service to a practising bacteriologist.

Other good points are the chapter on the obtaining of material from patients and that on the bacteriology of water and milk.

The theories upon immunity are clearly expounded, with perhaps rather a dash of dogmatism—a quality that, however, may for students contain more virtue than vice. Toxins and antitoxins and their actions and qualities are well explained. Anaphylaxis and hyper-sensitiveness are reasonably and clearly set forth.

After this excellent series of theoretical chapters come individual descriptions of the commoner organisms, their habitat, morphology and cultural characteristics. These are lucid, adequate, and to the point.

This book is exactly what is required by the medical pathological clerk: with its aid his work is likely to take on a double interest and its examination value will be impressed more deeply into his mind.

The student who wishes to revise his bacteriology for a final examination will find it very clearly written, not too long, but sufficiently comprehensive.

The general practitioner attached as honorary pathologist to a cottage hospital will find it invaluable.

Even the hospital pathologist himself is likely to find it a clear and concise book of reference.

Not the least of its many virtues are five excellent coloured plates and a series of clear photographs and figures.

It can be confidently recommended to those wishing to obtain a well-written sound book of bacteriology of a reasonable length. It is likely to have the success it deserves.

HANDBOOK OF OPERATIVE SURGERY. By Sir WILLIAM J. DE C. WHEELER. Fourth edition. (Baillière, Tindall & Cox.) Price 15s.

To write a small book of operative surgery suitable for the medical student and for those who are doing a certain amount of surgery in practice is not an easy task, but in this case it has been admirably done.

The operations are briefly described, many practical hints are given, and there are numerous illustrations.

The fourth edition of this work, besides dealing with the commoner operations, contains also an outline of some of the more elaborate procedures which belong to the realm of the specialist. This has been done, and we think rightly so, in order to give an intelligent insight into methods which the reader himself may never use, but of which he may often hear mention.

MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF RENAL DISEASE. By HUGH MACLEAN, M.D., D.Sc. Second edition. (Constable & Co., Ltd.) Price 12s.

The secretion of the kidney is easily obtained for examination, the histological structure has been thoroughly investigated, and the organ lends itself for purposes of animal experimentation, but its workings in health and disease still present many problems for solution.

The author gives an interesting summary of the present state of our knowledge. He points out that "albuminuria, even when accompanied by casts, is no proof that the patient is suffering from defective kidneys."

The various kidney tests now available for use by the general practitioner—albeit a not too busy one—are described and discussed in relation to typical cases.

The book is full of valuable information and observations, and will very well repay for careful reading.

ESSAYS AND ADDRESSES ON DIGESTIVE AND NERVOUS DISEASES AND ON ADDISON'S ANÆMIA AND ASTHMA. By ARTHUR F. HURST, M.A., M.D., F.R.C.P. Pp. 320. 15 plates. (William Heinemann [Medical Books] Ltd.) Price 21s.

The author states that in this volume his object is to put on record his present views on various subjects which have specially interested him during the last ten years, by revising and expanding his addresses and articles to scientific journals. The result is a volume of unique interest.

Throughout one hears the voice of one who speaks with a personal authority. Take this quotation from the first chapter. Concerning muco-membranous colic (the author will not have it called "colitis"), he says, "I know of few sadder spectacles than the bedridden young woman, the only child of a widow whose life is devoted to keeping up her daughter's reputation as an intestinal martyr. But get her

away from her parents, her purges and her Plombières, and she will soon be free from her psycho-neurosis; the muco-membranous colic, the pure neurosis, may still be present, though it requires but little treatment beyond wholesome neglect.

Great importance is laid upon the X-ray investigations in cases of chronic appendicitis, as also in suspected cases of gall-stones.

The chapter on asthma is particularly convincing, perhaps because, as the author states at the commencement, he himself suffers from asthma, and has had the opportunity of "thirty years of observation on a single case."

The very interesting section on the hysterical element in organic disease and injury of the central nervous system is of great interest and strikes the reader as being singularly well balanced, which can be claimed for so few treatises expounding psychotherapy. This is a book to be read and re-read.

FUNDAMENTAL PRINCIPLES IN TREATMENT. By HARRY CAMPBELL, M.D., B.S., F.R.C.P. (Baillière, Tindall & Cox.) Pp. 477. Price 10s. 6d.

This book, which has so hopeful a title, is very disappointing. Well written and well produced, it seems always to be near the point at issue, but never to get there. It tells the student a great deal that he knows already if he is a person of normal common sense and has read his standard text-books, and it tells him very little that is new and almost nothing that is useful.

PYE'S SURGICAL HANDICRAFT. Edited and largely rewritten by W. H. CLAYTON-GREENE, C.B.E., F.R.C.S. (Bristol: John Wright & Sons, Ltd.) Pp. 595. Price 21s.

This work has far outgrown the original intention of Walter Pye to describe details of surgical work as it appears from the view of house-surgeons and dressers in surgical wards, and if we had any adverse criticism it is that the book has become too big, and tends to approach to the confines of the text-book of surgery, without attempting its completeness.

Otherwise we have nothing but praise for the book. It has been brought thoroughly up to date, is well illustrated, and advice is succinct and clear.

Particularly to be mentioned are the useful hints on methods of examination and the facts to be gathered from them, the chapter on the examination of the rectum being a good example of this point. There is a very useful chapter on the treatment of the teeth, with illustrations of the various types of dental forceps and the methods of extraction for individual teeth.

We heartily recommend this most useful book to students and such junior members of the profession who are called upon to carry out surgical procedures.

ORAL TESTS, BASED ON THE SYLLABUS FOR THE PRELIMINARY STATE EXAMINATIONS IN NURSING. (The Scientific Press, Ltd.) Pp. 77.

This little book contains questions and answers arranged under the headings Anatomy, Physiology, Hygiene and Theory of Nursing. The book should be useful to nurses studying for examinations, and, within its narrow limits, appears well prepared. We are, however, not conversant with the posterior femoral as the chief muscle at the back of the thigh, nor did we think that the inner attachment of Poupart's ligament was the symphysis pubis.

AN X-RAY ATLAS OF THE NORMAL AND ABNORMAL STRUCTURES OF THE BODY. By ARCHIBALD M'KENDRICK AND CHARLES WHITTAKER. (E. & S. Livingstone.) Price 25s.

The first 37 pages of this book are devoted to normal radiograms. The author seems to have adopted a new plan of taking radiograms of joints from five arbitrary points. The first is termed "the normal focus point," the significance of which is not explained. The other points are 4" internal, external, above and below. The radiograms of this part of the book are good, and adequately supplemented with diagrams.

The remainder of the book is divided into three sections:

1. Injuries and diseases of limbs.
2. Head, neck, thorax and spine.
3. Abdomen.

Strangely enough the radiograms in these last three sections are accompanied by few diagrams, and little or no attempt is made to explain upon what appearances diagnoses are based. The commonest lesions are still the commonest. Yet in the abdominal section diverticula of the duodenum, diverticulitis of small intestine and the effects of pressure on the stomach by retro-peritoneal tumours find a place, while carcinoma of the large intestine is entirely ignored. The reproductions are good and the study of so many radiograms cannot fail to be fascinating.

INTERNAL DERANGEMENTS OF THE KNEE-JOINT: THEIR PATHOLOGY AND TREATMENT BY MODERN METHODS. By A. G. TIMBRELL FISHER, M.C., F.R.C.S.(Eng.). (London: H. K. Lewis & Co., Ltd., 1924) Demy 8vo. Pp. xii + 144. 80 Figures on 40 plates. Price 12s. 6d. net.

We apologize for the delay in reviewing this book by Mr. Timbrell Fisher, who is an old Bart.'s man. Apparently it was overlooked during changes in the Editorial Staff last year; we are therefore very pleased to have another opportunity of commending it to those starting out into general practice. As Sir Arthur Keith says in his foreword, the treatment of joint diseases is now much before the lay mind, being associated with some sort of manipulative magic and secrecy on the part of bone-setters, and he emphasizes the importance of the accurate knowledge of structure, function, disease and treatment, and of exposing this knowledge to the full light of day.

The present work, besides being a summary of the general state of our knowledge at the present time, gives details of Mr. Fisher's own original work, including very careful researches into the anatomy and pathology of the knee, and a new operation for exploring the knee-joint—the so-called patellar-displacing operation.

In Part I the author deals with the pathology and surgery of the semilunar cartilages. Actually he does more than this, as he works out very carefully the anatomy and physiology of the knee-joint, and makes a fascinating and live subject out of what is usually dealt with in a very dull way by most text-books of anatomy. Part II deals with other causes of derangement, including loose bodies, osteo-arthritis, hypertrophied synovial fringes, ruptured cruciate ligaments, etc.

Besides the foreword by Sir Arthur Keith, there are a number of footnotes by Sir Robert Jones. The book is well illustrated by photographs and drawings, but we think that it would save confusion if the side of the body to which the joint belonged was indicated below figures, such as No. 6 and No. 10. We find a small misprint on p. 18: where the "screw home" action of the joint at the end of full extension is being referred to, the word "flexion" is used at one point.

Mr. Fisher is able to speak with authority on the anatomy, physiology and pathology of the knee, and here the book is entirely satisfactory, but on the clinical side we must confess to being rather irritated by the annotations of Sir Robert Jones, which, although excellent in themselves, can be found elsewhere. We would have preferred to have had Mr. Fisher's views and summaries undiluted. Altogether we found the book very stimulating.

REJUVENATION BY GRAFTING. By DR. SERGE VORONOFF. Translation by F. F. IMANITOFF, B.A. (George Allen & Unwin.) Price 15s. net.

The evidence for the rejuvenation of man by testicular grafts from the chimpanzee is presented in a complete manner, the method being to implant thin slices on or within the tunica vaginalis.

Though animal experiments have convinced the author that the hetero-graft is useless, yet he claims that the ape is in such close relationship to man that the graft is not destroyed.

Histological evidence shows that the graft is gradually replaced by connective tissue, and that spermatogenesis is lost. The benefit from the operation is stated to be due to absorption of the testicular hormone, which he ascribes to the supporting cells of Sertoli, those cells remaining unchanged in the connective tissue.

The clinical evidence claims improvement of health and renewal of physical and sexual vigour.

The book is very readable, and Mr. Imanitoff is to be congratulated on his translation. An important book which may be fundamental.

A MANUAL OF MEDICINE. By Prof. T. K. MONRO. (Baillière, Tindall & Cox.) Pp. xviii + 1033. Price 25s.

The latest edition of Prof. T. K. Monro's *Manual of Medicine* remains substantially the same text-book that has been used by generations of students, especially north of the Border. There are, necessarily, several alterations and additions as a result of the advances which have taken place in medicine within the last few years, but the general arrangement of the subject-matter remains unaltered.

The section on diabetes mellitus has been considerably altered and the subject of blood-sugar curves is more fully discussed, while the treatment by insulin is summarized rather briefly. The statement made on p. 248 that "febrile attacks and other intercurrent illnesses often cause the sugar to diminish greatly" is not in accordance with the teaching of most authorities, and is hardly borne out by general experience.

The subject of cardiac irregularities has been brought up to date, but might with advantage have been even more fully discussed in view of the importance of the subject. Only one page is devoted to auricular fibrillation and digitalis therapy, and there is no mention of rapid digitalization. Another omission in treatment occurs in the discussion of chronic gout, where no mention is made of atophan.

On the whole the author expresses himself clearly and succinctly; he succeeds in conveying a reasonably adequate idea of typhoid fever and its complications in only twelve pages!

The typing and spacing are such that the book can be read easily and without fatigue.

THE INSULIN TREATMENT OF DIABETES MELLITUS. By P. J. CAMMIDGE, M.D.(Lond.), D.P.H.(Camb.). (Edinburgh: E. & S. Livingstone.) Second edition. Pp. 212.

The rapid exhaustion of the first edition of this little book is proof of its deserved popularity among medical men. All the writings of Dr. Cammidge on diabetes mellitus and its concomitant problems are, to say the least, always interesting and well presented. The lucidity with which he presents his arguments and demonstrates his hypotheses is well known.

In this book the insulin treatment is explained and put before the reader in its simplest form. The difficulties so often experienced in manipulating the diet and the dosage of insulin are reduced to a minimum; the methods adopted by different authorities are discussed, and good reasons are given for the methods of the author himself.

The reprint of Kellogg's table is particularly valuable, and will save many hours of mathematical calculations to those who use it.

This is a book which we heartily recommend to medical practitioners, house-physicians, and the more advanced medical students.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—C. R. Crowther.

M.B., B.Chir.—B. Broadbent.

M.B.—J. C. Ainsworth-Davis, A. H. Johns.

ROYAL COLLEGE OF PHYSICIANS.

The following have been elected Members:

W. H. W. Attlee, C. M. Gwillim, D. M. Lloyd-Jones, H. V. Morlock, G. K. Stone, J. A. Struthers.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The Diploma of Public Health has been conferred on the following candidates:

E. B. Brooke, E. A. Coldrey, W. E. M. Mitchell, L. R. Shore, R. G. R. West.

CHANGES OF ADDRESS.

BRASH, J. B., The Mill House, Bassingbourn, near Royston, Herts.

GRANGE, C. D'OYLEY, 3, Clarence Drive, Harrogate.

HUMPHRY, A. M., The Cap House, Pontrilas, near Hereford.

LONGFORD, W. U. D., High Street, Holywood, co. Down, Ireland. Tel. Holywood 187.

McKINNEY, H. G., Fairymount, St. Austell, Cornwall.

STRUGNELL, L. F., Surg. Lt.-Comdr. R.N., R.N. Hospital, Plymouth.

WALL, A. D., c/o Dr. Marshall, Hong-Kong & Shanghai Bank Buildings, Shanghai, China. Cables: Vicwall, Shanghai.

WHITE, C. F. O., 117, Park Street, W. 1. Tel. Mayfair 4840.

APPOINTMENTS.

ANDERSON, D. D., M.R.C.S., L.R.C.P., appointed Medical Officer of Health for Chilpancingo, Mexico.

BRIMS, D. J., M.R.C.S., L.R.C.P., appointed House-Surgeon, Croydon General Hospital.

FOOTE, R. R., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer at Queen Charlotte's Maternity Hospital.

GRANGE, C. D'OYLEY, F.R.C.S., appointed Surgeon to the Harrogate Infirmary.

MACFADYEN, J. A., M.B., B.Ch.(Oxf.), appointed Medical Officer at the Addington Hospital, Durban, South Africa.

SMITH, H., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer at the Hospital of St. Cross, Rugby.

BIRTHS.

COVENTON.—On February 23rd, to Dr. A. W. Duncan and H. Muriel Coventon, The Chantry, Aylesbury, Bucks—a daughter.

LEATHART.—On February 1st, at 11, Tollenache Road, Birkenhead, to the wife of P. W. Leathart, M.B., B.Ch.—a daughter.

RIDOUT.—On March 14th, at St. Elmo, Southsea, to the wife of C. A. Scott Ridout, M.S., F.R.C.S.—a son.

WELLS.—On February 21st, at Banbury, to Vera (née Grantham-Hill) and Clement J. L. Wells, B.M.—a son.

SILVER WEDDING.

COOK—TIMPSON.—On March 20th, 1900, at Namirembe Cathedral, Kampala, Uganda, by the late Bishop Tucker, Albert Ruskin Cook, M.D., to Katharine Timpson.

DEATHS.

BURROWS.—On March 8th, 1925, at Devonshire House, Southsea, Lucy Mary Elizabeth, the beloved wife of Harold Burrows.

CASTLE.—On March 11th, 1925, Richard Field Castle, M.B., B.Ch. (Cantab.), of Thornhill House, Darfield, Yorks, aged 64 years.

COMPTON.—On March 2nd, 1925, at midnight, Thomas Armetriding Compton, M.D.(Trinity College, Dublin), of Journey's End, Parkstone, aged 87.

FOWELL.—On March 1st, 1925, Hugh, only child of Dr. and Mrs. Patrick Fowell, of Welshpool.

HIND.—On February 26th, 1925, at Harrogate, Henry Hind, F.R.C.S., of Sharon, Ripon, and formerly of Harrogate and Stockton-on-Tees, aged 77.

LONGHURST.—On March 20th, 1925, at The Homestead, Chandler's Ford, Hampshire, Arthur E. T. Longhurst, M.D., late 60th Rifles, aged 94.

MALDEN.—On March 19th, 1925, at 2, Clarendon Place, Leamington Spa, Frank James Malden, M.D., aged 63 years.

MOORE.—On March 7th, 1925, Col. E. J. Moore, C.B., V.D., M.B., B.Ch.(Oxon.), of Park End, Blackheath Park, elder son of the late Thomas Moore, F.R.C.S., of Blackheath, aged 62.

ORMEROD.—On March 5th, 1925, Joseph Arderne Ormerod, M.D., F.R.C.P., of 25, Upper Wimpole Street, W., and Greenhill, Upham, Hants, eldest surviving son of the late Venerable Archdeacon T. J. Ormerod.

WHITELEY.—On March 7th, 1925, Daniel Flockton Whiteley, M.R.C.S., L.R.C.P.(Lond.), of 29, Coleherne Court, S.W. 5, and 48, Britannia Road, Fulham.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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